

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Ahai Amaris Nami Bey

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

John Doe, NYPD Officers (Arresting
Officers from the 25th Precinct,
Complaint No. 2018-025-03819)

COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

Jury Trial: ☒ Yes ☐ No
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Ahai Amaris Nami Bey
ID # 347-18-00479
Current Institution Rose M. Singer Center
Address 19-19 Hazen Street
East Elmhurst, NY 11370

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name John Doe Shield #
Where Currently Employed 25th Precinct
Address 120 East 119th Street
New York, NY

Defendant No. 2 Name Honorary J. Burke Shield # _____
Where Currently Employed New York Supreme Court, Part 81
Address 111 Centre Street
New York, NY 10013

Defendant No. 3 Name _____ Shield # _____
Where Currently Employed _____
Address _____

Defendant No. 4 Name _____ Shield # _____
Where Currently Employed _____
Address _____

Defendant No. 5 Name _____ Shield # _____
Where Currently Employed _____
Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?
At 600 East 125 Street, Manhattan, NY

B. Where in the institution did the events giving rise to your claim(s) occur?
On the street, nearby the address stated above.

C. What date and approximate time did the events giving rise to your claim(s) occur?
06/19/2018, approximately 12:00PM

What
happened
to you?

Who did
what?

Was
anyone
else
involved?

Who else
saw what
happened?

D. Facts: Approximately 7-8 NYPD Officers approached me while I was on the street. One officer stepped forward, and asked me, "Are you alright?" I said, "yes, I'm fine, is there a probable cause?" They said, "no, we've just received numerous phone calls." I then asked if I am being detained, to which they responded that I am not. Then I proceeded to cross the street with my luggage, at which time one of the officers stepped out and grabbed it from me, and proceeded to tell me to put my hands behind my back. Then I was sitting on the ground and just put my hands behind my back. As I was doing so, my hand may have accidentally brushed against the officer, and they proceeded to push me forward against the ground to where I was unable to breathe.

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. None

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes _____ No X

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ____ No ____ Do Not Know ____

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ____ No ____ Do Not Know ____

If YES, which claim(s)? _____

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ____ No ____

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ____ No ____

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

1. Which claim(s) in this complaint did you grieve? _____

2. What was the result, if any? _____

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. _____

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: I did not file a grievance because my claims did not arise while I was in this correctional facility. They occurred before I arrived here, during the arrest. Also, I did not have the names of the arresting officers.

2. If you did not file a grievance but informed any officials of your claim, state who you informed,

when and how, and their response, if any: I attempted to inform the
Judge, Honorary J. Burke, that my unalienable and
inalienable rights were violated, however he did not
want to listen to me.

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. _____

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). I would like for all charges against
me to be dismissed, and I would like to be compensated for my
time and suffering while being incarcerated under false
accusations. I would like to be compensated \$1,000,000.00
for my time, pain, and suffering.

VI. Previous lawsuits:

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ____ No X

On
these
claims

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ____ No ____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

On
other
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes ____ No X

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ____ No ____

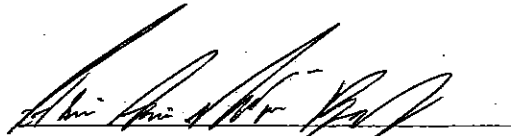
If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 23 day of February, 2019

Signature of Plaintiff



Inmate Number

347-18-00479

Institution Address

19-19 Hazen Street

East Elmhurst, NY[11370]

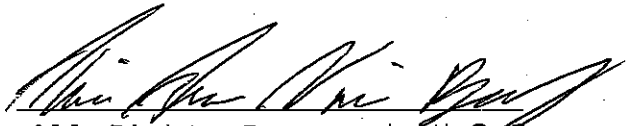
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U.C.C. 1-207/1-308; U.C.C. 1-103

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 23 day of February, 2019, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:



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1-207/1-308; U.C.C. 1-103

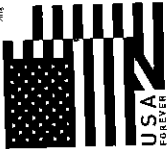
C/O Nami Bey
19-19 Hazen St

East Elmhurst, NY 11370

2019 MAR 11 PM 4:13
S.D.N.Y.

Pro Se SM

United States District Court
Southern District of New York
Daniel Patrick Moynihan
United States Courthouse
500 Pearl Street
New York, NY 10007-1312
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